County: Walworth
WILLOWFIELD NURSING & REHAB CENTER
905 EAST GENEVA STREET DELAVAN 53115 Phone: (262) 728-6319
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 61
Total Licensed Bed Capacity (12/31/00): 61
Number of Residents on 12/31/00: Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: **56 50**

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	46. 0 38. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	10.0	More Than 4 Years	16. 0
Day Servi ces	No	Mental Illness (Org./Psy)	2. 0	65 - 74	10.0		
Respite Care	Yes	Mental Illness (Other)	2. 0	75 - 84	38. 0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38. 0	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	2.0	95 & 0ver	4. 0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	20. 0		100. 0	(12/31/00)	
Other Meals	No [Cardi ovascul ar	10. 0	65 & 0ver	90. 0	[
Transportation	No	Cerebrovascul ar	6. 0			RNs	17. 9
Referral Service	No [Di abetes	6. 0	Sex	%	LPNs	13. 4
Other Services	Yes	Respi ratory	12. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	40.0	Male	32. 0	Aides & Orderlies	32. 2
Mentally Ill	No [Female	68 . 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Priva			rivate	rivate Pay			ed Care		Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	3. 6	\$118. 12	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	2. 0%
Skilled Care	9		\$290.00	25	89. 3	\$101.09	Ĭ	100. 0	\$127.00	9		\$161. 25	3			47	94. 0%
Intermediate				2	7. 1	\$84. 07	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	4.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	9	100.0		28	100. 0		1	100.0		9	100.0		3	100.0		50	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 2.5 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.8 Bathi ng 4.0 **62.** 0 34. 0 50 Other Nursing Homes 2. 5 Dressi ng 18. 0 **64.** 0 18. 0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 50 94.3 30.0 **54.** 0 16. 0 26.0 54.0 50 0.0 Toilet Use 20.0 50 0.0 Eating 52. 0 40.0 8. 0 ****** Other Locations 0.0 Total Number of Admissions 122 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 10.0 10.0 Private Home/No Home Health 13.5 Occ/Freq. Incontinent of Bladder 44.0 0.0 Private Home/With Home Health 23.0 Occ/Freq. Incontinent of Bowel 32.0 0.0 Other Nursing Homes 3. 2 2. 0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 22. 2 Mobility 4. 0 Physically Restrained 0.0 8.0 30.0 0.0 Other Locations 12.7 Skin Care Other Resident Characteristics Deaths 25. 4 With Pressure Sores 14.0 Have Advance Directives 100.0 Total Number of Discharges With Rashes Medi cati ons 6.0 Receiving Psychoactive Drugs (Including Deaths) 126

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	0wnershi		ershi p:	Bed Size:		Li ce	ensure:		
	Thi s	s Proprietary			- 99	Ski l	l ed	All Facilities	
	Facility		Group	Peer	Group	Peer Group			
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91. 8	83. 7	1. 10	86. 6	1.06	87. 0	1.06	84. 5	1.09
Current Residents from In-County	82. 0	75. 1	1. 09	69. 4	1. 18	69. 3	1. 18	77. 5	1.06
Admissions from In-County, Still Residing	14. 8	18. 7	0. 79	19. 5	0. 76	22. 3	0. 66	21. 5	0. 69
Admi ssi ons/Average Daily Census	217. 9	152. 8	1. 43	130. 0	1. 68	104. 1	2. 09	124. 3	1. 75
Discharges/Average Daily Census	225. 0	154. 5	1.46	129. 6	1.74	105. 4	2. 13	126. 1	1. 78
Discharges To Private Residence/Average Daily Census	82. 1	59 . 1	1. 39	47. 7	1. 72	37. 2	2. 21	49. 9	1.65
Residents Receiving Skilled Care	96. 0	90. 6	1.06	89. 9	1. 07	87. 6	1. 10	83. 3	1. 15
Residents Aged 65 and Older	90. 0	95. 0	0. 95	95. 4	0.94	93. 4	0. 96	87. 7	1.03
Title 19 (Medicaid) Funded Residents	56. 0	65. 4	0. 86	68. 7	0.82	70. 7	0. 79	69. 0	0.81
Private Pay Funded Residents	18. 0	23. 2	0. 77	22. 6	0. 79	22. 1	0.81	22. 6	0.80
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally III Résidents	4. 0	31.4	0. 13	35. 9	0. 11	37. 4	0. 11	33. 3	0. 12
General Medical Service Residents	40. 0	23. 2	1. 72	20. 1	1. 99	21. 1	1.89	18. 4	2. 17
Impaired ADL (Mean)	47. 2	48. 9	0. 97	47. 7	0. 99	47. 0	1.00	49. 4	0. 96
Psychological Problems	38. 0	44. 1	0. 86	49. 3	0. 77	49. 6	0. 77	50. 1	0. 76
Nursing Care Required (Mean)	8. 3	6. 5	1. 26	6. 6	1. 26	7. 0	1. 17	7. 2	1. 15